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C O N F I D E N T I A L SECTION 01 OF 02 ABUJA 001186

SIPDIS

DEPT FOR AF/W, USAID/W FOR AFR/AA, CONSTANCE NEWMAN,
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TAGS: [PREL](#) [PGOV](#) [EAID](#) [SOCI](#) [NI](#)

SUBJECT: NIGERIA: NEXT STEPS: POLITICAL ACTION TO RESTART
THE POLIO ERADICATION INITIATIVE (PEI)

REF: A. ABUJA 1132

[1](#)B. ABUJA 971 AND PREVIOUS

Classified By: AMBASSADOR JOHN CAMPBELL FOR REASONS 1.5 (B) AND (D)

[1](#)1. (C) Summary. As the World Health Organization (WHO) pressures Kano State to resume the polio vaccination campaign, the National Coordinator/Chief Executive of the National Program on Immunization has refused to make state and local governments stakeholders in the process, frustrating the international donor community. While Kano State Governor Ibrahim Shekarau claims to be receptive to restarting the vaccination program, opposition to the vaccine has taken on its own political life. See also USAID Abuja cable of July 6. End Summary.

Developments

[1](#)2. (U) The WHO announced on Friday, July 2, that it was investigating a new outbreak of polio cases in Rogo, southwest Kano State. After it issued a travel advisory for northern Nigeria, the WHO said that the Kano State government had agreed to restart the vaccination campaign "within days," using vaccines from Indonesia, a fellow Muslim country. WHO also warned that its advisory could become a ban on travel both to and from northern Nigeria.

[1](#)3. (U) Over the 4th of July weekend, UNICEF told Mission that it had seen a report by Dr. Lawan Bichi, a pharmacist who had been serving as the Kano State scientist, claiming that the Indonesian vaccine had excessively high levels of female hormones, feeding into rumors that the vaccination campaign was an attempt to reduce fertility among Muslims.

[1](#)4. (C) Dr. Bichi himself told Poloff that the state government is awaiting a final report from its current scientific committee before presenting its findings publicly. Commenting that he was no longer involved in the issue, Bichi said he supported resolution of the issue because "we are Muslims, and as leaders, it is our responsibility to find out the truth."

[1](#)5. (C) On July 6, the Ambassador raised polio with National Security Advisor Aliyu Mohammed Gusau, who assured the Ambassador that he is engaged on this issue and believes that Shekarau is sincere in his efforts to begin vaccinations. He promised to arrange a meeting between the governor and the Ambassador this week, when Shekarau will be in Abuja. Gusau said he was deeply concerned about the impact on Nigeria's international image caused by the critical articles in the international press.

Analysis

[1](#)6. (C) At the center of the issue is the National Coordinator/Chief Executive of the National Program on Immunization (NPI) since 1998, Dr. (Mrs.) Dere Awosika. Her reluctance to include state and local governments in the implementation of the program is proving to be an enormous obstacle. Rumors of improper fiscal practices have plagued Awosika since she assumed the post. Recently, a 63 million Euro deficit in the accounts of the NPI was traced to her doorstep. Appointed at the insistence of First Lady Stella Obasanjo, Awosika has proven immune to efforts to ensure her cooperation or accountability. USAID plans to work jointly with UNICEF and WHO to push immunization at the state and local government level, and other donors are considering decentralized efforts as well.

[1](#)7. (C) Kano State Governor Ibrahim Shekarau was ready to restart the vaccination campaign several weeks ago, but Awosika jumped the gun by prematurely announcing his intentions. Shekarau was forced to back off, isolated and embarrassed, but now says he is ready again. Talks over the

weekend with Poloff in Kano indicate that the state is ready to move, and is now merely preparing publication of the final report on the vaccine. Shekarau's spokesman announced to BBC Hausa Service on July 4 that implementation of the program is only "days away."

18. (C) Still, political stumbling blocks remain in the way of the vaccination campaign. Whether or not Shekarau was ever in control of the opposition to the vaccine, he is not now. Bichi's report is an example of the public face of a northern faction lobbying for a new political issue. Shari'a occupied a prominent place in Nigeria's politics from 1998 until 2003, but is no longer on the front burner. This group, whose political fortunes hinged on the issue, is looking for a new relevance. Opposition to the vaccination program is a cynical attempt to gain political advantage by fanning the flames of paranoia about the USG's intentions toward the Muslim community.

Next Steps

19. (C) Two things could assist Shekarau and the Federal Ministry of Health to break the impasse on the issue. First, the USG needs to push strongly behind the scene for the decentralization of the vaccination program. While Awosika seems recalcitrant, we recommend an immediate focus on Minister of Health Eytayo Lambo. USAID, in coordination with the other donors, will approach Lambo as soon as possible with a strong push to decentralize the vaccination program, an action that Lambo apparently supports. A public reformation of the national program, devolving control to the local and state level, is desirable both from a logistical standpoint and from a political perspective.

10. (C) The second element of this strategy is for a political push on the Kano State Governor to make a public announcement and a strengthened political effort to implement the program. The National Security Advisor assured the Ambassador that the GON is making this push, but action from the Minister of Health would give Shekarau some political room to maneuver. Shekarau may be able to deliver, but he wants a politically acceptable way out. This change to the national program should give him the space he needs to act. These two elements should be combined and coordinated to allow Lambo and Shekarau to both be seen solving the problem, jointly, if possible, or at least in a coordinated fashion.

11. (C) For now, public pressure on either the GON or the Kano state governor could prove counterproductive, and the possibility of a WHO travel ban could impede progress on both fronts. It is critical that the USG engage on these issues immediately, as the news of additional outbreaks are yet to hit the Nigerian press. Once new stories break, and WHO ratchets up the pressure on Shekarau and the GON, the Nigerian aversion to public criticism and arm-twisting could be strengthened, delaying implementation even further.

CAMPBELL